

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015542

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2290

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

51 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Menorah Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR
TOWN
Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS
2818 Paseo

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

W.

Last

Wheeler

4. DATE
OF
DEATH

Month

April

Day

22nd

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/10/91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INSTALLER

10b. KIND OF BUSINESS OR INDUSTRY

PIPE ORGANS

11. BIRTHPLACE (City and state or country)

WALNUT, KANSAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WILLIAM WHEELER

13b. MOTHER'S MAIDEN NAME

SARA HAINES

14. NAME OF HUSBAND OR WIFE

FLORENCE A. WHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address
FLORENCE A. WHEELER 2818 THE PASEO
KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) -- Gastric hemorrhage

DUE TO (b)

Pulmonary edema and congestion, severe

DUE TO (c)

Acute superficial ulcerations

INTERVAL BETWEEN
ONSET AND DEATH

1 day minus

24 hrs. minu

24 hrs, minu

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7:50 1942 to Apr 22-62 and last saw her alive on April 22-62

Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. L. Petry M.D.

22b. ADDRESS

2901 E 63rd St. Kansas City Mo 64111

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

APR. 25, 1962

23c. NAME OF CEMETERY OR CREMATOR

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

23e. STATE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.
KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

4-25-62

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. L. Petry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.